CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED - CSO FORM C/OH 14 JANGOVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
		1045130850	3
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	CHARLES	G	Date Received IP C
	NICKNAME LAST	SUFFIX	1 7
	CHARLIE PARKER		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING	501 CROWN GOLONY	Dr.	ÿ C
ADDRESS	/	0)9.	Date Hand-delivered or Postmarked
change of address	ARLINGTON TX	76006	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER	(817) 691-8582		Date Processed
PHONE	- 02		pendy in an ore
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Imaged
NAME	MICHAEL		
	NICKNAME LAST	SUFFIX	
	MICK ZIEGLER		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE:	ZIP CODE
TREASURER	1/01/ 1000 151/ 05 5		
ADDRESS (residence or business)	1611 MAXWEIL CT. E	ULEST 1X	76309
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	2 0 15 M 27 1 1915 1910 1913 1913 1913 1913	OTAL POLITICAL EXPENDICUL	TO S. S. SANTON
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(817) 690-5768		
100	ONS WANDARD AS 100 NET DISC. DISC.		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign
The state of the s	Som day serior election		treasurer appointment (officeholder only)
4.46.7.3	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	THACTHA
10 PERIOD	Month Day Year	Month Day	Year
COVERED	TUDOUOU	/ - /	,
	07/14/13	01/15/	THALLES CYCLUMN
		ate of Texas	Notgry Public St
11 ELECTION	ELECTION DATE ELECTION TYPE		
ento.	Month Day Year Primary		eneral Special
	2116		
2055105	OFFICE HELD (form)	12 055105 001005	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	COUNCILMAN DISTRICT	Not as a man	
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	GOTOPAGI	L &	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

			T	(51) 0 (51)
14 C/OH NAME	1101=1	PARKER	of the second second second second	# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES ENCLOSED. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CONTRIBUTION OF THE	MADE BY POLITICAL	CEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	SWADON.	
	GENERAL	NIA		2334CHARAC
S W	SPECIFIC	COMMITTEE ADDRESS		
DutmA		COMMITTEE CAMPAIGN TREASURER NAME	AND A STATE OF THE	contains an agricular (
additional pages		SA 23 - 1 2 3		OPFICEHOLDER PHONE
		COMMITTEE CAMPAIGN TREASURER ADDRESS	860-7860-880 88440-230	CAMPAKON TREABURE N NAME
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		-0-
		POLITICAL CONTRIBUTIONS RITHAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	-0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		remized \$	- 0 -
	4. TOTAL	POLITICAL EXPENDITURES	\$	-0-
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	734
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C AY OF THE REPORTING PERIOD	OF THE \$	27,500
18 AFFIDAVIT		West)		
Note Note Note Note Note Note Note Note	STEPHANIE DIMA ary Public, State of May Commission Exp May 24, 2016	Texas	all information re	equired to be reported by
AFFIX NOTARY STAM		Charles Packer		10 3017FIG
	of January	me, by the said <u>Charles Parker</u> , 20 14 , to certify which, witness		, this the
Stephanie	Dinas	Stephanie Dimas	Note	ary
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of of	fficer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 2 FILER NAME CHARLES PARKER		1 Total pages Schedule A: / 3 ACCOUNT # (Ethics Commission Filers)		
Date	5 Full name of contributor □ out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	I appear to a	element of element of the second of the seco
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Employer (See				
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code	e val 383 algan le mo	Ti pedgal to	
			vsiO materials	
			(If travel outside o	f Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
Date				
Date	Full name of contributor out-of-state PAC (ID#:_			
Date			contribution (\$)	
ng n			contribution (\$)	description (if applicable
mgr.cen (ole)	Contributor address; City; State; Zip Code	States do Coda	contribution (\$)	description (if applicable of Texas, complete Schedule T)
Principal or	Contributor address; City; State; Zip Code	Employer (See I	contribution (\$) (If travel outside constructions)	description (if applicable of Texas, complete Schedule T)
Principal o	Contributor address; City; State; Zip Code	Employer (See I	(If travel outside constructions) Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
Т	OTAL OF UNITEMIZED PLEDGES:	D D D	D D	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	Companyor (See mahudasia)			Texas, complete Schedule T
Principal o	occupation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		İ	
	(acceptantiant basis) revoluced		(If travel outside of	Texas, complete Schedule T
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Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		i	
	be eligible award to abstract invest by			
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(widefakk)	Full name of pledgor out-of-state PAC (ID#:	Employer (See In	Amount of pledge (\$)	In-kind description (if applicable)
Date	Full name of pledgor out-of-state PAC (ID#:	Employer (See In	Amount of pledge (\$)	In-kind description (if applicable)
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Date Principal o	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$) (If travel outside of instructions)	In-kind description (if applicable) Texas, complete Schedule T
Date Principal o	Full name of pledgor		Amount of pledge (\$) (If travel outside of instructions) Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule T

Austin, Texas 78711-2070

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.